## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450. Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

NSTRUCTIONS: This ppropriate. All further adicated unless correcte naintenance fee notifical	ed below or directed on	or transm ng the Pate nerwise in	itting the ISSU ent, advance or Block 1, by (a	, specifying a new co	,,,,	Tollooniae addressit		,			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
35884	7590 10/15			Certificate of Mailing or Transmission							
LEE, HONG, I 660 S. FIGUERO Suite 2300	EKA	I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FFE address above, or being facismile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
LOS ANGELES	, CA 90017								(Deposi	llor's name)	
										(Signature)	
										(Date)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN		ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/737,212	12/15/2003		Dong Keun Lee 2060-3-95 7686								
TILE OF INVENTION	: METHOD FOR OPER	ATING D	DATA COMMU	NICATION SERVIC	E IN	MOBILE COMMU	JNICA'	TION SYSTEM			
				Y							
APPLN. TYPE	SMALL ENTITY	SMALL ENTITY ISSUE I		PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DU		
nonprovisional	nonprovisional NO		\$1440	\$300		\$0		\$1740	\$1740 01/22/2008		
EXAMINER ART UNIT				CLASS-SUBCLASS							
ELCENK	455-432300  1 2 For printing on the patent front page, list Lee, Hong, Degerman										
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys (1) the names of up to 3 registered patent attorneys							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,  (2) the name of a single firm (having as a member a							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single rithin landing as a method of registered actionery or agent) and the names of up to 2 registered patient autometes or agents. If no name is 1 sted, no name will be printed.							
. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE	PRINTED ON	THE PATENT (print of	r typ	e)					
PLEASE NOTE: Un recordation as set for	less an assignee is iden th in 37 CFR 3.11. Com	tified belo pletion of	w, no assignce this form is NO	data will appear on t T a substitute for filing	he p g an	atent. If an assigne assignment.	ee is ide	entified below, the d	eument has beer	filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordition as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
LG Elec	Seoul. Korea										
Please check the appropr	riate assignce category o	r categoric	es (will not be p	rinted on the patent);		Individual 💢 Co	rporatio	on or other private gre	up entity Go	vernment	
la. The following fee(s)	are submitted:		4	b. Payment of Fee(s):	(Ple:	ise first reapply ar	ıy previ	iously paid issue fee	shown above)		
Issue Fee	A check is enclosed.										
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.							
Advance Order -	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502290 (enclose an extra copy of this form)										
Da Applicant claim	atus (from status indicate ns SMALL ENTITY sta	tus Sec 37	7 CFR 1.27.	☐ b. Applicant is no	o lon	ger claiming SMAI	LL ENT	TTY status. See 37 C	FR 1.27(g)(2).		
NOTE: The Issue Fee as interest as shown by the	nd Publication Fee (if re	quired) wil	ll not be accepte	ed from anyone other t	han I	he applicant; a regi	stered a	ttorney or agent; or the	e assignee or oth	er party in	
	Mu.	1	/			7		y 22, 2008			
Authorized Signature	· Uning of	- X				Date					
Typed or printed name		. Sch	moyer_					51,007			
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria.	nation is required by 37 ntiality is governed by 3 ed application form to the tions for reducing this b Virginia 22313-1450. D	CFR 1.31 5 U.S.C. I to USPTO urden, sho O NOT SI	The informati 22 and 37 CFR     Time will var- nild be sent to the     END FEES OR	on is required to obtain 1.14. This collection y depending upon the the Chief Information C COMPLETED FORM	n or is es indi- offic 1S T	retam a benefit by t timated to take 12 t vidual case. Any ec er, U.S. Patent and O THIS ADDRESS	he publi minutes mment Tradent S. SENI	to which is to file (and to complete, including to the amount of the care of t	o by the USPTO to ag gathering, prep me you require to artment of Comm for Patents, P.O.	aring, and complete cree, P.O. Box 1450,	

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.